

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30442**
4110

FILED OCT 13 1951		BIRTH NO. <u>61855-57</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u>		Registrar's No. _____			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Jackson</u> <u>0</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3537</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>					c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>						
c. LENGTH OF STAY (in this place) <u>1118</u>					d. STREET ADDRESS (If rural, give location) <u>3522 Olive</u>						
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Trinity Lutheran Hospital</u>											
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) <u>Unnamed</u>			b. (Middle) <u>male</u>			c. (Last) <u>Teague</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		
(Type or Print)			8. DATE OF BIRTH <u>9-19-51</u>			9. AGE (In years last birthday) <u>9</u> MONTHS <u>19</u> DAYS <u>51</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Donald Edison Teague</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Maxine Woods</u>		
14. NAME OF HUSBAND OR WIFE <u>none</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Teague</u> ADDRESS <u>3522 Olive; K.C. Mo.</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>						DUE TO (b) <u>prematurity</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) _____						DUE TO (d) _____		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.						776X		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>51</u> , to <u>9-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-19</u> , 19 <u>51</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Robert C. Buckner</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>1103 Grand Kansas City, Mo.</u>					23c. DATE SIGNED <u>25 Sept 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE <u>9-19-51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Laboratory</u>			24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-26-51</u>					REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>					25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. K.C. Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.